

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592995

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
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15		1				
16	1					
17		1				
18		1				
19	1					
20	1					
21	1					
22		3				
23	1					
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50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						